

KNK 2026 WORKSHOP PARTICIPANT APPLICATION

Please submit all materials (this completed application form, a letter of interest, one recommendation letter, and a resume or CV) by **March 27, 2026** to applications@ncnk.org

PERSONAL INFORMATION

First Name _____ Last Name _____

Institutional Affiliation _____

Email _____ Mobile Number _____

Permanent Address _____

City _____ State/Country _____ ZIP _____

Are you local to the DC metro area? ☐ Yes ☐ No

If not, where do you anticipate you will be traveling from to attend the Workshop?

Please provide the name and affiliation of your reference:

Reference Name _____ Relationship to Applicant _____

Reference Affiliation (university, company, etc.) _____

Your reference should submit the letter of recommendation directly to applications@ncnk.org.

I, _____, certify that all statements and information contained herein and in all application materials are true, correct, and accurate to the best of my knowledge.

Signature _____ Date _____